

## IRIS PARTICIPANT-HIRED WORKER RELATIONSHIP IDENTIFICATION FORM INSTRUCTIONS

This form is used by the fiscal employer agents (FEAs) to identify the following: exemptions from certain state and federal employer/employee taxes (Section B), exceptions to Electronic Visit Verification (EVV) requirements (Section C), and live-in caregiver exemptions from Fair Labor Standards Act overtime rules (Section C).

**INSTRUCTIONS:** Completion of this form is an IRIS program requirement. Both the participant-hired worker and the participant must sign and date the bottom to be considered complete. The participant-hired worker may not begin accumulating paid work hours prior to written notification in an official DHS IRIS start date letter. This form must be completed any time a live-in worker is added to the participant's plan, or the live-in worker or participant has an address change.

Verbal attestation of this information must be provided by the participant or legal decision maker annually at the time of the participant's plan renewal to continue live-in status.

**Live-In Exemption from Overtime Pay** – The federal Department of Labor Fair Labor Standards Act (FLSA) requires household employers to pay employees overtime pay for any hours worked over 40 in a workweek. Exemptions to overtime rules apply to live-in caregivers who either:

- Live in the same home as their employer on a permanent basis.
- Live in the same home as their employer for extended periods of time, which is considered at least 5 consecutive days and nights per week and/or 120 hours or more per week.

If either of the above apply, select "Yes" in Section C, Live-In Exemption from Overtime Pay, on page 2. If not, select "No."

For more information about the FLSA live-in caregiver exemption, see Department of Labor Fact Sheet 79B – Live-in Domestic Service Workers under the FLSA available at: <https://www.dol.gov/whd/homecare/factsheets.htm> or contact the Department of Labor Wage and Hour Division Help Line at 1-866-487-9243.

**Live-In Exemption to EVV Requirements** – Participant-Hired Live-In Workers are not required to use EVV. Exemptions for the purposes of EVV apply to workers in the following situations:

- Worker permanently resides in the same residence as the participant receiving services.
- Worker permanently resides in a two-residence dwelling, like a duplex, where the participant receiving services lives in the other half of the dwelling AND is a guardian or relative of the participant receiving services. A relative is defined as a person related, of any degree, by blood, adoption, or marriage.
- Participant resides at regularly scheduled intervals at the separate homes of both parents or guardian. Both parents or guardians are considered live-in workers for purposes of EVV compliance.

If any of the above apply, select "Yes" in Section C, Live-In Exception to EVV Requirements on page 2. If not, select "No."

## IRIS PARTICIPANT-HIRED WORKER RELATIONSHIP IDENTIFICATION

### SECTION A: PARTIES

|   |   |
|---|---|
| Name – Participant-Hired Worker (Last, First) | Name – Participant Employer (Last, First) |
|---|---|

Participant Medicaid Identification Number (MCI):

### SECTION B: RELATIONSHIP

**Participant-Hired Worker:** Check the box that best identifies your legal relationship to the participant. For example, if the participant is your grandmother, you are the participant’s grandchild. **Check only one.**

I am the participant’s:

|  |  |  |
|--|--|--|
| <p><b>RELATIVE (BIOLOGICAL)</b></p> <p><input type="checkbox"/> Parent * ±</p> <p><input type="checkbox"/> Adult Child (age 21 or over) *</p> <p><input type="checkbox"/> Child (under age 21) * ±</p> <p><input type="checkbox"/> Adopted Child *</p> <p><input type="checkbox"/> Grandparent *</p> <p><input type="checkbox"/> Grandchild *</p> <p><input type="checkbox"/> Sibling</p> <p><input type="checkbox"/> Uncle / Aunt</p> <p><input type="checkbox"/> Nephew / Niece</p> <p><input type="checkbox"/> Cousin</p> | <p><b>RELATIVE (BY MARRIAGE/PARTNERSHIP)</b></p> <p><input type="checkbox"/> Spouse * ±</p> <p><input type="checkbox"/> Domestic Partner * †</p> <p><input type="checkbox"/> Step Parent *</p> <p><input type="checkbox"/> Step Child *</p> <p><input type="checkbox"/> Step Grandchild</p> <p><input type="checkbox"/> Step Sibling</p> <p><input type="checkbox"/> Parent-in-Law</p> <p><input type="checkbox"/> Child-in-Law</p> <p><input type="checkbox"/> Sibling-in-Law</p> | <p><b>NON-RELATED RELATIONSHIPS</b></p> <p><input type="checkbox"/> Friend</p> <p><input type="checkbox"/> Neighbor</p> <p><input type="checkbox"/> Former Spouse (divorce finalized)</p> <p><input type="checkbox"/> Worker</p> |
|--|--|--|

Notes:

|   |   |   |
|---|---|---|
| <p>* Due to your relationship with the participant and current legislation, you are exempt from payroll taxes for unemployment insurance (SUTA). If your employment with the participant is terminated, you will not receive unemployment benefits. Any applicable exemptions cannot be waived.</p> | <p>± Due to your relationship with the participant and current legislation, you are exempt from payroll taxes for Social Security and Medicare (FICA). By not paying into Social Security and Medicare (FICA), it means you are not earning Social Security work credits. Any applicable exemptions cannot be waived.</p> | <p>† Per Wis. Statute 770.05, Domestic Partnership means you and your same sex partner have filed for Domestic Partnership and have a certified copy of your Declaration of Domestic Partnership.</p> |
|---|---|---|

### SECTION C: LIVING SITUATION (see instructions on page 1)

#### Live-In Exemption from Overtime Pay

- Yes**, the employee is a live-in worker for purposes of this exemption. All hours over 40 in a workweek will be paid at the regular hourly rate.
- No**, the employee is not a live-in worker for purposes of this exemption.

#### Live-In Exemption to EVV Requirements

- Yes**, the employee is a live-in worker who qualifies for the EVV exemption. (Continue to Section D: **Electronic Visit Verification (EVV) Live-In Identification**)
- No**, the employee does not qualify for the EVV exemption. (Skip Section D)

Shared Home Address

|        |      |             |     |
|--------|------|-------------|-----|
| Street | City | State<br>WI | Zip |
|--------|------|-------------|-----|

**SECTION D: ELECTRONIC VISIT VERIFICATION (EVV) LIVE-IN IDENTIFICATION**

Permanent residency is determined by the worker being able to produce documentation that shows the worker's name and current residential address. The address must satisfy the requirements for a live-in worker listed above. The worker may use one document from Column A or two types of documents from Column B. Check the box(es) next to the document(s) being submitted as proof of residence.

Column A (Choose **One**)

- Current and valid State of Wisconsin driver's license or state ID card
- Other current official ID card or license issued by a Wisconsin governmental body or unit
- Real estate tax bill or receipt for the current year
- Residential lease for current year
- Check or other document issued by a unit of government within the last three months

Column B (Choose **Two**)

- Current or past three month's gas, electric, or phone service statement
- Current or past month's bank statement
- Current or past month's paycheck or paystub

**SECTION E: ATTESTATIONS**

**Participant-Hired Worker:** If I checked "Yes" in either category of Section C above, I shall notify the participant's Fiscal Employer Agent (FEA) within **seven (7) days** of a change in my living situation.

**Participant-Employer (Check if applicable):**

- I have examined the documentation above and attest that the address of the worker on the documentation provided matches that of the participant on this form.
- I attest that the documentation for the address provided is not an exact match to the participant, but the worker meets all criteria listed and required of a live-in relative.

**By signing below, you agree the information on this form is accurate and you have all supporting documentation in your possession.**

|   |             |
|---|-------------|
| <b>SIGNATURE</b> – Participant-Hired Worker | Date Signed |
| <b>SIGNATURE</b> – Participant Employer     | Date Signed |